ALS STANDING ORDERS:

1. Assist ventilation with BVM and suction airway as needed.

2. Pulse oximetry, if room air oxygen saturation less than 95%, administer:
   - High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.

3. Blood glucose analysis, if blood glucose less than 60 (or if 60-80 and suspect hypoglycemia), administer one of:
   - Oral glucose preparation, if tolerated and airway reflexes are intact.
   - 10% Dextrose 100-250 mL IV
   - Glucagon 1.0 mg IM if unable to establish IV. (IO access may be used for dextrose administration when patient is unconscious with blood glucose < 80, unable to establish IV and there is no response to IM glucagon).

4. For blood pressure less than 90 systolic and lungs clear to auscultation:
   - Establish IV access
   - Normal Saline, infuse 250 mL IV, repeat up to maximum 1 liter to maintain adequate perfusion

Proceed with appropriate management as listed below:

Suspected Narcotic Overdose:

- If respiratory depression (respiratory rate less than or equal to 12 minute), give:
  - Naloxone (Narcan®):
    - 0.8, 1 or 2 mg IN or IM, repeat every 3 minutes as needed to maintain respiratory rate.
    - 0.4-1 mg IV, every 3 minutes as needed to maintain respiratory rate.
    - 4 mg/0.1 mL preloaded nasal spray IN

Suspected Stimulant Intoxication:

- If agitated and a danger to self or others, sedate with:
  - Midazolam 5 mg IV/IM once.

- If on-going or recurrent seizure activity:
  - Midazolam 5 mg IV/IM/IN, may repeat once.

- Monitor for respiratory adequacy via constant visual monitoring and pulse oximetry:
  - If sudden hypoventilation, oxygen desaturation (per pulse oximetry), or apnea:
Assist ventilation with BVM (intubate as time permits),

→ Monitor for hyperthermia; initiate cooling measures if appears to have hyperthermia.

→ If signs of dehydration or poor perfusion and lungs clear to auscultation (no evidence CHF):
  
  ▶ Establish IV access and give 250 mL Normal Saline bolus, may repeat up to maximum 1 liter to maintain adequate perfusion.

→ If continuous nausea or vomiting, and not suspected or known to be pregnant:
  
  ▶ Ondansetron (Zofran®): ODT 8 mg (two 4 mg tablets) to dissolve orally on inside of cheek; OR,
    4 mg IV, may repeat 4mg IV after approximately 3 minutes for continued nausea or vomiting.

**Suspected Organophosphate Poisoning** (including Chemical Agents):

  > Atropine 2 mg IV, repeat once as needed, alternate route 2 mg IM, repeat once as needed. (For DuoDote® Kit instructions and dosing during health emergencies or disaster, refer to Procedure B-35).

→ For wheezes or bronchospasm:
  
  ▶ Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.
  
  ▶ CPAP if available as tolerated and if not contraindicated (reference PR-120).

→ For on-going or recurrent seizure activity:
  
  ▶ Midazolam 5 mg IV/IM/IN, may repeat once.

**Suspected Cyanide Toxicity** (OR Inhalation of Smoke Generated by Plastics, Hydrocarbons):

  > High flow oxygen by mask
  
  ▶ Cardiac monitor and document rhythm.
  
  ▶ Hydroxocobalamin (if available) 5 gm/200 mL solution IV/IO over 15 minutes.
  
  Requires base hospital order.

→ For wheezes or bronchospasm:
  
  ▶ Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.
  
  ▶ CPAP if available as tolerated and if not contraindicated (reference PR-120).

→ For on-going or recurrent seizure activity:
SUBSTANCE OVERDOSE / POISONING - ADULT/ADOLESCENT

- Midazolam 5 mg IV/IM/IN, may repeat once.

**Suspected Carbon Monoxide Toxicity**

- High flow oxygen by mask
- Cardiac monitor and document rhythm.

→ For wheezes or bronchospasm:
  
  - Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.
  
  - CPAP if available as tolerated and if not contraindicated (reference PR-120).

→ For on-going or recurrent seizure activity:

  - Midazolam 5 mg IV/IM/IN, may repeat once.

**Suspected Extrapiramidal Reaction:**

- Diphenhydramine (Benadryl®) 50 mg IM or IV once.

5. ALS escort any of above patients to the nearest ERC or contact Base Hospital as needed.